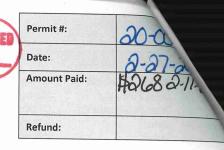
SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Clanning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138





INSTRUCTIONS: No permits will be issued until all fees are paid.

			(5)	HAVE BEEN ISSUED T	O APPLICANT. Origina	Application ML	JST be submitted	FILL OUT IN INK	NO PENCIL)
TYPE OF PERMI	IT REQUE	STED			SANITARY PRIVY	□ CONDITION	NAL USE SPECIA		□ OTHER
Ronald a	- Cuc	anna	L Kall		Mailing Address: 49155 East Sho	190	City/State/Zip:	1 540 02	Telephone:
Address of Proper	rty:				City/State/Zip:		BarnesW	1 57815	512-461-698
49155 Contractor:	tas	tsh	ore R				54813		Cell Phone:
North	and	Rles.		I .	Contractor Phone: 115-681-0667	Plumber:			Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: Agent Mailing Address (include Cit									₩ Written
									Authorization
									Attached ☐ Yes ☐ No
PROJECT LOCATION	Lega	al Descri	ption: (Use	Tax Statement)	Tax ID# 3492	12		Recorded Document:	(Showing Ownership)
1/4,		1/4	Gov't Lot	Lot(s)		VI Doc# Lo	ot(s) # Block #	Subdivision:	7/10/10/10
			5	57	3452 4/28 43	in V.Z P.28		-1 2	
Section	, To	wnship _	44 N,	Range <u>09</u> W	Town of: B	arnes		Lot Size 150 x 650	Acreage 1,520
	□ Is	Propert	y/Land with	in 300 feet of River	, Stream (incl. Intermittent)		cture is from Shoreli	ne : Is your Prope	rtv
XShoreland -	Cre	ek or Lar	ndward side	of Floodplain?	If yescontinue>			feet in Floodplai	Are Wetlands
	XIs	Propert	y/Land with	in 1000 feet of Lake		Distance Stru	cture is from Shorelin	163	☐ Yes
☐ Non-Shoreland					If yescontinue -		-300	feet	≯No
- Non-Snoreland	u								
Value at Time of Completion						Total # of	W	hat Type of	Type of
* include		Projec	ct	Project	Project	bedrooms		Sanitary System(s)	Water
donated time & material				# of Stories	Foundation	on		the property or	on
& material	□ New	/ Constr	uction	1-Story	☐ Basement	property 1	□ Municipal/Cit	on the property?	property
		ition/Al	teration	1-Story +		5 1		y Specify Type:	City
\$ 1 22000		icion, Ai		Loft	☐ Foundation	□ 2	VI	XWell	
56,74900	☐ Con	version		☐ 2-Story	□ Slab	□ 3	Sanitary (Exis	ts) Specify Type:	
			isting bldg)			X3	☐ Privy (Pit) or	☐ Vaulted (min 200	gallon)
4		a Busin	ess on		Use	None	☐ Portable (w/se		
		arace		☐ Year Round		☐ Compost Toile		et	
	V	0					None		
Proposed Const	re: (if add	dition, alt	eration or bu	siness is being applie		1.48.	Width:	Height:	
Toposea const	raction.	lovera	an difficultion	is)	Length:	UC	Width: 36 1	Height:	151
Proposed U	lse	1			Proposed Structur	re	70	Dimensions	Square
	A SEATHER		Principal	Structure /first s	tructure on property)				Footage
3				e (i.e. cabin, hunt	(X)				
Residential	lUse			with Loft	(X)				
1805	. 050			with a Porch	(x)				
				with (2 nd) Porc	(X)				
				with a Deck with (2 nd) Decl	(X)				
☐ Commercia	al Use			with Attached	(X)				
×			Bunkhou	se w/ (□ sanitary,		*			
			Mobile H	ome (manufacture	(X)				
☐ Municipal I	Use		Addition	Alteration (explai	(X)	1.1.40			
		X	Accessor	/ Building (explain	(36'x 400)	1228			
			Accessor	Building Addition		arch 360			
			Special U	se: (explain)	(x)				
			Condition	nal Use: (explain) _	(x)				
			Other: (ex	plain)	(X)				
I (we) dealers that the	annliast' '	ingle-di-	FAILURE TO	OBTAIN A PERMIT <u>or</u> S	TARTING CONSTRUCTION W	ITHOUT A PERMIT	WILL RESULT IN PENALTI	ES	
					ramined by me (us) and to the bear nd that it will be relied upon by B this application. I (we) consent to				

property at any reasonable time for the purpose of inspection.	
Owner(s):	Date 2-6-202
Authorized Agent:	Date

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Attach Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Address to send permit 49155

ketch your Property (regardless of what you are applying for) Fill Out in Ink - NO PENCIL **Proposed Construction** Show Location of: Show / Indicate: North (N) on Plot Plan (*) **Driveway** and (*) **Frontage Road** (Name Frontage Road) Show Location of (*): All Existing Structures on your Property Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (5) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond Show any (*): (6) Show any (*): (*) Wetlands; or (*) Slopes over 20% (7) 6 construction of stope 100 ganz Privat in way well ctrical easement

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement			Description	Measuremer	nt
Setback from the Centerline of Platted Road	3,00 Fe	et		Setback from the Lake (ordinary high-water mark)	250	Feet
Setback from the Established Right-of-Way		et	119	Setback from the River, Stream, Creek	-	Feet
SetSuck Holli die 25tabliere 25ta				Setback from the Bank or Bluff	~	Feet
Setback from the North Lot Line	300 Fe	eet				
Setback from the South Lot Line	750 Fe	eet		Setback from Wetland	~	Feet
Setback from the West Lot Line	20 Fe	eet		20% Slope Area on the property	P Yes □ I	Vo
Setback from the East Lot Line	80 Fe	eet		Elevation of Floodplain	1143	Feet
	\					3 - 5
Setback to Septic Tank or Holding Tank	570 Fe	eet		Setback to Well	200	Feet
Setback to Drain Field	20 Fe	eet				
Setback to Privy (Portable, Composting)	⇒ Fe	eet		undary line from which the setback must be measured must be visible from or	. Landa de la constante de la	- Alaba

Prior to the placement or construction of a structure within ten (10) feet of the minimum ru other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number: 06	-825	Sanitary Date:						
Permit Denied (Date):	Reason for Denial:								
Permit #: 20 -6041	Permit Date: 2-27-2020								
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Record Fused/Contigue Yes	ous Lot(s)) 🛮 No	Mitigation Required Mitigation Attached	☐ Yes ☐ No ☐ Yes ☑ No	Affidavit Required Affidavit Attached Yes No					
Granted by Variance (B.O.A.) ☐ Yes ✓ No Case #:		Previously Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #:							
		Were Property Line	es Represented by Owner Was Property Surveyed	Yes No					
Inspection Record: All Plause		1		/Zoning District (R-/) Lakes Classification (/)					
Date of Inspection: 2/25/20	Inspected by:	Date of Re-Inspection:							
Condition(s): Town, Committee or Board Conditions Att	ached? Yes No - (If	No they need to be atta	ached.)						
Condition: No accessory building shall be used for human habitation / sleeping purposes without necessary county and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.									
Hold For Sanitary: Hold For TBA:	Hold For ATT	паачіт: 🗆	noiu roi rees. 🗎						

Village, State or Federal May Also Be Required

or if any prohibitory conditions are violated.

SANITARY SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	20-	0041		-	Issued To: Ronald & Susanne Kalla										
Location:	_	1/4	of	_	1/4	Section	17	Township	44	N.	Range	9	W.	Town of	Barnes
Location:		/4	01	100-111	74	OCCION	.,	TOWNSTIIP	77	IN.	range		v v .	TOWITOI	Darries
Gov't Lot			ı	_ot	A	Blo	ock	Subdivision				CSM# 43			
For: Residential Accessory Structure: [1- Story; <u>Garage</u> (36' x 40') = 1,440 sq. ft.; <u>Porch</u> (9' x 40') = 360 sq. ft.;] Total Overall = 1,800 sq. ft.															
(Disclaimer): Any future expansions or development would require additional permitting.															

Condition(s): No accessory building shall be used for human habitation / sleeping purposes without necessary County and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

Tracy Pooler

Authorized Issuing Official

February 27, 2020

Date